



MORPC HOMEOWNERSHIP PROGRAM

111 Liberty Street, Suite 100

Columbus, OH 43215

homeownership@morpc.org

Foreclosure Mitigation Counseling Agreement

1. I understand that the Mid-Ohio Regional Planning Commission provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that the Mid-Ohio Regional Planning Commission receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2012 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2012 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of the Mid-Ohio Regional Planning Commission's Privacy Policy.

In addition:

1. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that the Mid-Ohio Regional Planning Commission provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from the Mid-Ohio Regional Planning Commission in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature _____

Date _____

Client's signature _____

Date _____

Printed Client's Name(s) _____